

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-024590

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6174

STATE FILE NUMBER

FILED JUL 2 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
13 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Park Lane Hospital

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
5209 Finkman Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JULIA

M

ELLIS

4. DATE OF DEATH

Month

Day

Year

June

21

1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/5/1870

9. AGE (last birthday)

91

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
grocery clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Salem, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Samuel Butler

13b. MOTHER'S MAIDEN NAME

Mary Edgar

14. NAME OF HUSBAND OR WIFE

James W

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ida Heimer 5209 Finkman

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH
48/62

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterial Atherosclerosis

DUE TO (c)

331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/18/62 to 6/20/62 and last saw her alive on 6/20/62
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. W. Gasner, Jr.

(Degree or title)

22b. ADDRESS

1524 S. Grand

22c. DATE SIGNED

6/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE
6/23/1962

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

23d. LOCATION (City, town, or county)
St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

John L. Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.

JUN 21 1962

26. REGISTRAR'S SIGNATURE

Carl Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
202 7-

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.